

UNITED STATES DISTRICT COURT

for the
Middle District of Tennessee

United States of America
v.

Samuel Harris
Defendant

Case No. 3:21-CR-00171

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay

(name of person to be arrested) Samuel Harris,

who is accused of an offense or violation based on the following document filed with the court:

- ☐ Indictment ☒ Superseding Indictment ☐ Information ☐ Superseding Information ☐ Complaint
☐ Probation Violation Petition ☐ Supervised Release Violation Petition ☐ Violation Notice ☐ Order of the Court

This offense is briefly described as follows:

18 U.S.C. § 371 - Conspiracy to Defraud the United States and to Commit an Offense
 42 U.S.C. § 1320a-7b(b)(1)(A); 18 U.S.C. § 2 - Violation of the Anti-Kickback Statute and Aiding and Abetting
 18 U.S.C. § 1349 - Conspiracy to Commit Health Care Fraud
 18 U.S.C. § 1347; 18 U.S.C. § 2 - Health Care Fraud and Aiding and Abetting

Date: 08/01/2022

City and state: Nashville, TN



Dalaina Thompson
Issuing officer's signature

Dalaina Thompson, Case Administrator
Printed name and title

Return

This warrant was received on (date) _____, and the person was arrested on (date) _____
at (city and state) _____.

Date: _____

Arresting officer's signature

Printed name and title

**This second page contains personal identifiers provided for law-enforcement use only
and therefore should not be filed in court with the executed warrant unless under seal.**

(Not for Public Disclosure)

Name of defendant/offender: Samuel Harris

Known aliases: _____

Last known residence: _____

Prior addresses to which defendant/offender may still have ties: _____

Last known employment: _____

Last known telephone numbers: _____

Place of birth: _____

Date of birth: _____

Social Security number: _____

Height: _____ Weight: _____

Sex: _____ Race: _____

Hair: _____ Eyes: _____

Scars, tattoos, other distinguishing marks: _____

History of violence, weapons, drug use: _____

Known family, friends, and other associates (*name, relation, address, phone number*): _____

FBI number: _____

Complete description of auto: _____

Investigative agency and address: _____

Name and telephone numbers (office and cell) of pretrial services or probation officer (*if applicable*): _____

Date of last contact with pretrial services or probation officer (*if applicable*): _____